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Bib Data Sheet

CONFIRMATION NO. 6208

SERIAL NUMBER 10/007,061	FILING DATE 11/30/2001 RULE	CLASS 239	GROUP ART UNIT 3752	ATTORNEY DOCKET NO. BVTP-P03-007
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** CONTINUING DATA *****

This appln claims benefit of 60/250,410 11/30/2000
 and claims benefit of 60/250,425 11/30/2000
 and claims benefit of 60/250,537 11/30/2000
 and claims benefit of 60/250,573 11/30/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/24/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: Initials: JSI	NJ	21	18	2

ADDRESS

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TITLE

Injection systems

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
RECEIVED	No. _____ for following:	<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)